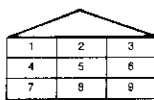

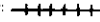








Iowa Department of Transportation
INVESTIGATING OFFICERS REPORT
OF MOTOR VEHICLE ACCIDENT

SUMMARY										Total Number of Persons Killed										Total Number of Persons Injured										Total Number of Vehicles Involved										ACIDENT NUMBER									
Date of Accident		Day of Week Code: Sun Mon Tues Wed Thu Fri Sat		Time of Accident Hrs.		Total Amount of Property Damage		County		Accident occurred within corporate limits of (city)		R		County		City		U		Route		Road Class		Inter Class		Intersection Identifier		Reference Node		Distance Indicator		Direction Node																	
It accident occurred outside of city limits show general vicinity ... miles		N NE E SE S SW W NW		of nearest city		Road Class Code		ROAD CLASS CODE 1. Interstate/Freeway 2. U.S. or State Highway 3. County Road 4. City Street 5. Other 6. Unknown		At Intersection with		Road Class Code		S. Other		Q. Unknown																																	
On Road, Street or Highway		Road Class Code		ROAD CLASS CODE 1. Interstate/Freeway 2. U.S. or State Highway 3. County Road 4. City Street 5. Other 6. Unknown		At Intersection with		Road Class Code		S. Other		Q. Unknown																																					
Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge or railroad crossing, using two distances and directions if necessary.		Feet		Miles		N NE E SE S SW W NW		Feet		Miles		N NE E SE S SW W NW		of																																			
Milepost Number		Or		Definable intersection, bridge or railroad crossing																																													
Driver's Name - Last, First, Middle										Address										City										State										Zip									
Date of Birth		Male		Female		Driver License Number		Class/Type		State		License Res.		License End.		Res/End. Complied With		1 - Yes 2 - No 0 - Unknown																															
Citation Number		Citation Charge				Phone		Chemical Test Given?		1. None 2. Breath 3. Blood 4. Urine		5. Refused		Test Results																																			
Owner's Full Name - Last, First, Middle										Address										City										State										Zip									
Year		Make		Model		Style		License Plate		State		Year		VIN No.																																			
Vehicle Removed By		Vehicle Type Code		Special Use Code		Total Occupants		Attachment		Fire Explosion		Hit & Run		Damage Severity Code																																			
Removal Authority		Point of Initial Impact		Damaged Area of Vehicle		Vehicle Defect		Initial Direction Travel		Speed Limit																																							
Vehicle Removed To		\$		Approximate Cost to Repair or Replace																																													
Driver's Name - Last, First, Middle										Address										City										State										Zip									
Date of Birth		Male		Female		Driver License Number		Class/Type		State		License Res.		License End.		Res/End. Complied With		1 - Yes 2 - No 0 - Unknown																															
Citation Number		Citation Charge				Phone		Chemical Test Given?		1. None 2. Breath 3. Blood 4. Urine		5. Refused		Test Results																																			
Owner's Full Name - Last, First, Middle										Address										City										State										Zip									
Year		Make		Model		Style		License Plate		State		Year		VIN No.																																			
Vehicle Removed By		Vehicle Type Code		Special Use Code		Total Occupants		Attachment		Fire Explosion		Hit & Run		Damage Severity Code																																			
Removal Authority		Point of Initial Impact		Damaged Area of Vehicle		Vehicle Defect		Initial Direction Travel		Speed Limit																																							
Vehicle Removed To		\$		Approximate Cost to Repair or Replace																																													
If Property other than vehicles Damaged explain										Object Damaged										Estimate of Damage \$										Was owner or tenant notified										1-Yes 2-No 0-Unknown									
Name of Owner										Street or RFD										City & State, Zip Code																													
ACCIDENT ENVIRONMENT										ROADWAY CHARACTERISTICS										Veh. 1																													

SEVERITY		INJURED AREA	POSITION OF INJURED PERSON	PROTECTIVE DEVICE	EJECTION	Sex M-Male F-Female							
1-Fatal 2-Major (incapacitating) 3-Minor (Bruises and abrasions) 4-Possible (Complaint of pain) 0-Unknown		1-Upper torso 2-Lower torso 3-Internal 4-Head 5-Arms 6-Legs 7-Multiple 0-Unknown	<div style="text-align: center;">  </div> M-Motorcycle/ Moped Driver S-Motorcyclist/ Moped Passenger U-Bus Pass B-Bicycle P-Pedestrian T-Other	1-None 2-Lap belt used 3-Lap and shoulder 4-Airbag deployed 5-Child restraint 6-Motorcycle helmet 7-Passive belt 8-Other 0-Unknown	1-Not ejected 2-Partially ejected 3-Totally ejected 4-Extricated 0-Unknown	Age	Sex	Unit No.	Severity	Injury Area	Position	Protective Device	Ejection
PERSON INJURED	Name	Address											
	1												
	2												
	3												
	4												
	5												
Injured Transported				PEDESTRIAN ACTION <input type="checkbox"/>	Check if pedestrian is also listed as a driver on this report <input type="checkbox"/>	APPARENT PEDESTRIAN SOBRIETY <input type="checkbox"/>		Test Results					
To: _____				COLOR OF CLOTHING <input type="checkbox"/>									
By: _____													
<div style="display: flex; justify-content: space-between;"> <div> <p>DIAGRAM WHAT HAPPENED: <i>Instruction</i></p> <p>Number each vehicle and show direction of travel by arrow</p> <p>Use solid line to show path before accident.</p> <p>Dotted line after accident.</p> <p>Show pedestrian by: </p> <p>Show railroad by: </p> <p>Show utility poles by: </p> <p>Show motorcycle by: </p> <p>Show animal by: </p> </div> <div style="text-align: right;"> <p>INDICATE NORTH </p> </div> </div>													
NARRATIVE	Describe What Happened (Refer to vehicles by number)												
WITNESSES	<div style="display: flex; justify-content: space-between;"> <div>Name, Last, First</div> <div>Street or RFD</div> <div>City</div> <div>State</div> <div>Zip</div> <div>Phone</div> </div>												
Signature of Officer				Badge No.	Report Given To All Drivers <input type="checkbox"/> 1-Yes 2-No	Was investigation made at scene? <input type="checkbox"/> 1-Yes 2-No							
Name of Department				Date of Report	Time Officer Notified of Accident	Investigation Completed? <input type="checkbox"/> 1-Yes 2-No							
Report Reviewed by				Date Reviewed	Time Officer Arrived At Scene								



Iowa Department of Transportation

Iowa Supplemental Truck & Bus
Accident Report

When to use form - answers to questions below determine use.

Did this accident involve:

1. Truck with at least 2 axles 6 tires or any size vehicle with haz mat placard? ☐ Yes ☐ No
2. Bus with seats for 16 or more people, including driver?
☐ Yes ☐ No

If Response To Both Questions Above Is "No," Do Not Fill Out Form.

ACCIDENT INFORMATION		
A-1. Carriers Identification Numbers U.S. DOT _____ ICC MC # _____		
A-2. Carrier's Name _____ Source: 1. <input type="checkbox"/> Vehicle Marking 2. <input type="checkbox"/> Shipping Paper 3. <input type="checkbox"/> Driver		
A-3. Carrier's Address _____ <div style="text-align: right; margin-right: 100px;">Street</div> <div style="display: flex; justify-content: space-between;"> City State Zip </div>		
B. Date of Accident _____ <div style="text-align: center; font-size: small;">Month / Day / Year</div>		
C. Time of Accident: _____ : _____ <div style="text-align: center; font-size: small;">Hour Minutes</div> <input type="checkbox"/> AM <input type="checkbox"/> PM		
D-1. Accident Location: (Number/Name of Highway/Street) _____		
D-2. Township/City _____		
D-3. County _____		
E-1. Truck or Bus Driver's Name <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ </div> <div style="text-align: center; font-size: small;">Last First Middle Initial</div>		
E-2. Driver's License Number: _____		
E-3. State: _____		
F. Was any vehicle towed as a result of damage received? <input type="checkbox"/> Yes <input type="checkbox"/> No		

VEHICLE INFORMATION
G. Gross Vehicle Weight Rating _____ lbs. Power Unit _____ lbs. Trailer _____ lbs. Trailer
H. Axles on Vehicles: (Including Trailers) _____
I. Hazardous Material Involvement 1. Did vehicle have haz mat placard? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. From placard or shipping paper, indicate 4-digit UN or NA number or hazard class name: _____ 3. One digit number from bottom of placard, if shown: _____ 4. Was hazardous material released? (Don't count fuel from fuel tank) <input type="checkbox"/> Yes <input type="checkbox"/> No
J. Vehicle Configuration 1. <input type="checkbox"/> Bus 2. <input type="checkbox"/> Single-unit vehicle: 2 axle, 4 tires 3. <input type="checkbox"/> Single-unit truck: 2 axle, 6 tires 4. <input type="checkbox"/> Single-unit truck: 3 or more axles 5. <input type="checkbox"/> Truck/trailer 6. <input type="checkbox"/> Truck tractor (bobtail) 7. <input type="checkbox"/> Tractor/semi-trailer 8. <input type="checkbox"/> Tractor/doubles 9. <input type="checkbox"/> Unknown heavy truck
K. Cargo Body Type 1. <input type="checkbox"/> Bus 2. <input type="checkbox"/> Van/enclosed box 3. <input type="checkbox"/> Cargo tank 4. <input type="checkbox"/> Flatbed 5. <input type="checkbox"/> Dump 6. <input type="checkbox"/> Concrete mixer 7. <input type="checkbox"/> Auto transporter 8. <input type="checkbox"/> Garbage/refuse 9. <input type="checkbox"/> Other
L. Sequence of Events: (for this vehicle) 1 2 3 4 Ran off road 1 2 3 4 Jackknife 1 2 3 4 Overturn 1 2 3 4 Downhill runaway 1 2 3 4 Cargo loss or shift 1 2 3 4 Explosion or fire 1 2 3 4 Separation of units 1 2 3 4 Collision involving pedestrian 1 2 3 4 Collision involving motor vehicle in transport 1 2 3 4 Collision involving parked motor vehicle 1 2 3 4 Collision involving train 1 2 3 4 Collision involving pedalcycle 1 2 3 4 Collision involving animal 1 2 3 4 Collision involving fixed object 1 2 3 4 Collision involving other object 1 2 3 4 Other